

Owen J. Roberts High School International Baccalaureate Career Programme  
PARENT / STUDENT COMPLAINT FORM

Please see the [complaint procedure](#) prior to filling out this form. Please submit by email to the IBCP Coordinator at Owen J. Roberts High School.

This form should be filled out completely by a student or parent within 15 days of the date the student or parent first knew of the decision or action giving rise to the complaint or grievance.

1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

2. Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

3. Description of complaint: Attach separate description if needed.

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5. Has this incident been reported to or discussed with anyone else?

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Name & Position: \_\_\_\_\_

6. What remedy do you seek to address this complaint?

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Date \_\_\_\_\_

Student/Parent Signature: \_\_\_\_\_  
\_\_\_\_\_

Received by: \_\_\_\_\_

Please provide the student/parent a copy of this report at filing.

Parent email: \_\_\_\_\_

Parent Phone number: \_\_\_\_\_